HOSPITALITY NURSING/REHABILITATION CENTER

8633 32ND AVENUE

KENOSHA 53142	Phone: (262) 694-8300	)	Ownership:	Corporation
Operated from 1/1 To 12	/31 Days of Operation:	: 365	Highest Level License:	Skilled
Operate in Conjunction wi	th Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and	Staffed (12/31/03):	133	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capaci	ty (12/31/03):	133	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12	/31/03:	129	Average Daily Census:	127

Services Provided to Non-Residents		Age, Gender, and Primary Di				Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care		Primary Diagnosis	%	Age Groups	8	Less Than 1 Year	27.1 36.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	8.5	More Than 4 Years	13.2
Day Services Respite Care		Mental Illness (Org./Psy)   Mental Illness (Other)	0.0	65 <b>-</b> 74   75 <b>-</b> 84	34.1	I	76.7
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse   Para-, Quadra-, Hemiplegic		85 - 94   95 & Over		*************************************	
Congregate Meals	No	Cancer	0.8	Ī		Nursing Staff per 100 Res	
Home Delivered Meals Other Meals	Yes No	Fractures   Cardiovascular		   65 & Over		(12/31/03) 	
Transportation		Cerebrovascular					11.0
Referral Service Other Services	No Yes	Diabetes   Respiratory		Gender 			4.3
Provide Day Programming for		Other Medical Conditions	64.3	Male	19.4	Aides, & Orderlies	28.9
Mentally Ill Provide Day Programming for	No	 		Female	80.6 	•	
Developmentally Disabled	No			 	100.0	•	

## Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	ે ે	Per Diem (\$)	No.	%	Per Diem (\$)	No.	용	Per Diem (\$)	No.	ુ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	양	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	24	100.0	281	68	72.3	118	0	0.0	0	9	100.0	185	0	0.0	0	2	100.0	308	103	79.8
Intermediate				25	26.6	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	25	19.4
Limited Care				1	1.1	86	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2.4	100.0		94	100.0		0	0.0		9	100.0		0	0.0		2.	100.0		129	100.0

HOSPITALITY NURSING/REHABILITATION CENTER

Admissions, Discharges, and	I	Percent Distribution	n of Residents'	Condit	ions, Services, and	d Activities as of 12/	31/03
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:	I	Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	5.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		93.8	6.2	129
Other Nursing Homes	0.3	Dressing	20.2		73.6	6.2	129
Acute Care Hospitals	91.8	Transferring	19.4		74.4	6.2	129
Psych. HospMR/DD Facilities	0.0	Toilet Use	52.7		41.1	6.2	129
Rehabilitation Hospitals	0.0	Eating	52.7		42.6	4.7	129
Other Locations	2.6	*****	******	*****	*****	******	******
otal Number of Admissions	352	Continence		용	Special Treatment	cs	용
Percent Discharges To:		Indwelling Or Exter	nal Catheter	4.7	Receiving Resp	iratory Care	5.4
Private Home/No Home Health	55.3	Occ/Freq. Incontine	nt of Bladder	38.0	Receiving Track	neostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	33.3	Receiving Suct	ioning	0.0
Other Nursing Homes	0.9	<u>-</u>			Receiving Ostor	my Care	3.1
Acute Care Hospitals	16.6	Mobility			Receiving Tube	Feeding	1.6
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	0.8	Receiving Mecha	anically Altered Diets	27.9
Rehabilitation Hospitals	0.0				-	-	
Other Locations	10.3 i	Skin Care			Other Resident Cl	naracteristics	
Deaths	16.9 i	With Pressure Sores		7.0	Have Advance D	irectives	46.5
otal Number of Discharges	i	With Rashes		2.3	Medications		
(Including Deaths)	349 i				Receiving Psych	noactive Drugs	53.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

***********	******	****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	8	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.5	86.2	1.11	87.6	1.09	88.1	1.08	87.4	1.09
Current Residents from In-County	85.3	78.5	1.09	83.0	1.03	82.1	1.04	76.7	1.11
Admissions from In-County, Still Residing	15.3	17.5	0.88	19.7	0.78	20.1	0.76	19.6	0.78
Admissions/Average Daily Census	277.2	195.4	1.42	167.5	1.66	155.7	1.78	141.3	1.96
Discharges/Average Daily Census	274.8	193.0	1.42	166.1	1.65	155.1	1.77	142.5	1.93
Discharges To Private Residence/Average Daily Census	152.0	87.0	1.75	72.1	2.11	68.7	2.21	61.6	2.47
Residents Receiving Skilled Care	79.8	94.4	0.85	94.9	0.84	94.0	0.85	88.1	0.91
Residents Aged 65 and Older	91.5	92.3	0.99	91.4	1.00	92.0	0.99	87.8	1.04
Title 19 (Medicaid) Funded Residents	72.9	60.6	1.20	62.7	1.16	61.7	1.18	65.9	1.11
Private Pay Funded Residents	7.0	20.9	0.33	21.5	0.33	23.7	0.29	21.0	0.33
Developmentally Disabled Residents	0.8	0.8	0.96	0.8	1.01	1.1	0.70	6.5	0.12
Mentally Ill Residents	0.0	28.7	0.00	36.1	0.00	35.8	0.00	33.6	0.00
General Medical Service Residents	64.3	24.5	2.63	22.8	2.82	23.1	2.78	20.6	3.13
Impaired ADL (Mean)	38.8	49.1	0.79	50.0	0.77	49.5	0.78	49.4	0.78
Psychological Problems	53.5	54.2	0.99	56.8	0.94	58.2	0.92	57.4	0.93
Nursing Care Required (Mean)	5.9	6.8	0.87	7.1	0.84	6.9	0.86	7.3	0.81